

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	CASE NUMBER:

1. I am a party to this proceeding to determine custody of a child.
2. ☐ My present address is not disclosed. It is confidential under Family Code section 3429. I have listed the address of the children presently residing with me as confidential.
3. (Number): _____ minor children are subject to this proceeding as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and present address)	Relationship	
to				
to				
to				
to				
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and present address)	Relationship	
to				
to				
to				

- C. ☐ Additional children are listed on Attachment 3c. (Provide all requested information for additional children.)

CASE NUMBER:

- ☐
- No
- ☐
- Yes (If yes, provide the following information):

b. I was a: ☐ party ☐ witness ☐ other (specify):

d. Court order or judgment (*date*):

- ☐
- No
- ☐
- Yes (If yes, provide the following information):

b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other (specify):

d. Status of proceeding:

- The orders are from the following court or courts (*specify county and state*):

c. ☐ Juvenile: County/state: _____
Case No. (if known): _____

d. ☐ Other: County/state: _____
Case No. (if known): _____

- ☐
- No
- ☐
- Yes (If yes, provide the following information):

<p>a. Name and address of person</p> <div> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div>	<p>b. Name and address of person</p> <div> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div>	<p>c. Name and address of person</p> <div> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div>
<p>Name of each child</p>	<p>Name of each child</p>	<p>Name of each child</p>

Date:

(SIGNATURE OF DECLARANT)

8. Number of pages attached after this page: _____

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